Battlemind Training

Continuing the Transition Home

Training Timeframe: 3-6 months post-deployment

Battlemind

Battlemind is the Soldier's inner strength to face fear and adversity in combat with courage. Key components include:

- Self-confidence
  - Take calculated risks
  - Handle future challenges
- Mental toughness
  - Overcome obstacles or setbacks
  - Maintain positive thoughts during times of adversity and challenge

Combat Skills You All Possess

- Battlemind skills helped you survive in combat, but may cause you problems if not adapted when you get home.

Buddies (cohesion) **vs.** Withdrawal
Accountability **vs.** Controlling
Targeted Aggression **vs.** Inappropriate Aggression
Tactical Awareness **vs.** Hypervigilance
Lethally Armed **vs.** Unarmed
Emotional Control **vs.** Anger/Detachment
Mission Operational Security (OPSEC) **vs.** Secretiveness
Individual Responsibility **vs.** Guilt
Non-Defensive (combat) Driving **vs.** Aggressive Driving
Discipline and Ordering **vs.** Conflict

Buddies (Cohesion) vs. Withdrawal

B A T T L E M I N D

In Combat: No one understands your experience except your buddies who were there.

At Home: May prefer to be with battle buddies rather than with spouse, family, or other friends. May avoid speaking about yourself to friends and family.

Question: *When you first returned from combat, did you notice that your relationships with your family and friends had changed?*

Buddies (Cohesion) vs. Withdrawal

B A T T L E M I N D

Transitioning the Combat Skill

Cohesion: *Combat results in bonds with fellow Soldiers that will last a life time; but, back home, your friends and family have changed, re-establishing these bonds takes time and work.*

Battlemind Check (self & buddy)

- Felt close to buddies over there but now feel alone?
- Not connecting with loved ones?

Accountability vs. Controlling

B A T T L E M I N D

In Combat: Maintaining control of weapon and gear is necessary for survival.

At Home: Become angry when someone moves or messes with your stuff, even if insignificant. Nobody cares about doing things right except for you.

Question: *Since coming home have you learned to let go, relax, and let someone else be in control?*

Accountability vs. Control

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Transitioning the Combat Skill

Accountability: *Back home,* the s*mall details' are no longer important; family decisions and personal space are best shared.*

Battlemind Check (self & buddy)

- Overreacting to minor events?
- Still having trouble letting family and friends share in making decisions?
- Trying to control things that don't really matter?

Targeted vs. Inappropriate Aggressiveness

B A **T** T L E M I N D

In Combat: Targeted aggression involves making split second decisions that are lethal in a highly ambiguous environment, which keeps you and your buddies alive.

At Home: Overreact to minor insults. Inappropriate aggression, assault, spouse abuse, snapping at the kids or buddies or your NCO.

Question: *After returning home, were you easily irritated: yelling, throwing things or threatening someone?*

Targeted vs. Inappropriate Aggressiveness

B A **T** T L E M I N D

Transitioning the Combat Skill

Targeted Aggressiveness: *In combat, the enemy is the target; back home, there are no enemies.*

Battlemind Check (self & buddy)

- Still snapping at the kids or buddies?
- Getting into fights or heated arguments?
- Avoiding people?

Tactical Awareness vs. Hypervigilance

B A T **T** L E M I N D

In Combat: Survival depends on being aware at all times of your surroundings and reacting immediately to sudden changes.

At Home: You may feel keyed up or anxious.

Questions:

When you returned home did you easily startle to loud booming noises?

Did you have trouble sleeping or have nightmares?

Tactical Awareness vs. Hypervigilance

BATTLEMIND

Transitioning the Combat Skill

Tactical Awareness: *Combat requires alertness and sustained attention; back home it takes time to learn to relax.*

Battlemind Check (self & buddy)

- Still jumping at loud noises…then staying revved up?
- Still have trouble with sleep or nightmares?
- Drinking to calm down or to help you sleep?

Lethally Armed vs. Unarmed

B A T T L E M I N D

In Combat: Carrying your weapon at all times was mandatory and necessary.

At Home: Need to have weapons on you, in your home and/or car at all times, believing that you and your loved ones are not safe without them.

Question: *When you first came back, did you feel the need to remain armed?*

Lethally Armed vs. Unarmed

B A T T L E M I N D

Transitioning the Combat Skill

Armed: *In combat, it's dangerous to be unarmed; at home, it's dangerous to be armed.*

Battlemind Check (self & buddy)

- Threatened someone with a weapon?
- Carry a loaded weapon in your car?
- Keep an unsecured, locked and loaded weapon at home?

Emotional Control vs. Anger/Detachment

B A T T L E M I N D

In Combat: Controlling your emotions during combat is critical for mission success.

At Home: Failing to display emotions, or only showing anger, around family and friends will hurt your relationships. You may be seen as detached or uncaring.

Question: *When you returned did you notice you were less patient, less tolerant, more likely to get ticked off?*

Emotional Control vs. Anger/Detachment

BATTLEMIND

Transitioning the Combat Skill

Emotional Control: *In combat, controlling emotions is necessary; at home, limiting your emotions leads to relationship failures.*

Battlemind Check (self & buddy)

- Can only show anger or detachment?
- Feeling numb?
- Friends & loved ones tell you that you have changed?
- Having relationship problems?

Mission OPSEC vs. Secretiveness

BATTLEMIND

In Combat: Talk about mission only with those who need to know. Can only talk about combat experiences with unit members.

At Home: Soldiers may avoid sharing their deployment experiences with spouse or significant other.

Question: *When you returned home did you feel like others who hadn't been there couldn't understand what you'd been through?*

Mission OPSEC vs. Secretiveness

B A T T L E **M** I N D

Transitioning the Combat Skill

OPSEC: *The "need to know' now includes friends and family.*

Battlemind Check (self & buddy)

- Haven't shared your deployment experiences with those closest to you?
- Get angry when someone asks you about your deployment experiences?

Individual Responsibility vs. Guilt

BATTLEMIND

In Combat: Your responsibility in combat is to survive and to keep your buddies alive.

At Home: You may feel you have failed your buddies if they were killed or seriously injured. You may be bothered by memories of those wounded or killed.

Question: *Did you second guess decisions you made while deployed?*

Individual Responsibility vs. Guilt

BATTLEMIND

Transitioning the Combat Skill

Responsibility: *In the "heat of battle," Soldiers must act—they must make life and death decisions. Later, it's learn from these these decisions and to learn from them…without second guessing.*

Battlemind Check (self & buddy)

- Certain memories of the deployment keep bothering you?
- Still feeling guilt about things that happened in combat?

Non-Defensive (Combat) vs. Aggressive Driving

B A T T L E M I N D

In Combat: Unpredictable, fast, rapid lane changes, straddling the middle line, keeping other vehicles at a distance, designed to avoid IEDs and VBIEDs.

At Home: Aggressive driving leads to speeding tickets, accidents, fatalities.

Question: *When you returned, did you find yourself having the urge to drive fast?*

Non-Defensive (Combat) vs. Aggressive Driving

B A T T L E M I **N** D

Transitioning the Combat Skill

Combat Driving: *In combat driving fast is necessary to avoid danger; back home, driving fast 'feels right,' but is dangerous*

Battlemind Check (self & buddy)

- Chasing adrenalin highs by driving fast?
- Involved in driving accidents?

Discipline & Ordering vs. Conflict

BATTLEMIND

In Combat: Survival depends on discipline and obeying orders.

At Home: Inflexible interactions (ordering and demanding behaviors) with your spouse, children, and friends often lead to conflict.

Question: *When you returned, did you tell family members and friends what to do instead of discussing options with them?*

Discipline & Ordering vs. Conflict

B A T T L E M I N **D**

Transitioning the Combat Skill

Discipline & Ordering: *Giving and following orders involves a clear chain of command, which does not exist between partners.*

Battlemind Check (self & buddy)

- Relationships aren't going well?
- Ongoing conflicts over decisions?

The Alcohol Transition

Restricted Alcohol vs. Available Alcohol

In Combat: In the combat theatre, alcohol use was limited.

At Home: Alcohol is now plentiful.

Question: *Did you prevent a fellow Soldier from drinking too much and/or driving after drinking?*

The Alcohol Transition

The Transition

Many Soldiers use alcohol as a way to cope with deployment experiences, but this is a bad idea. Learn to relax without using alcohol.

Battlemind Check (self & buddy)

- Using alcohol to calm down?
- Using alcohol to help you sleep?
- Others telling you that you're drinking too much?

The 5 Myths of Mental Health

A myth is something people believe, but it isn't true.

For all leaders, it is your responsibility to fight these myths.

Myth #1

Only weak Soldiers have mental health problems.

Facts #1

- Soldiers deployed to combat saw significant events:
  - 40% had an IED/VBIED explode nearby
  - 60% knew someone seriously injured or killed
  - 20% were responsible for the death of an enemy combatant

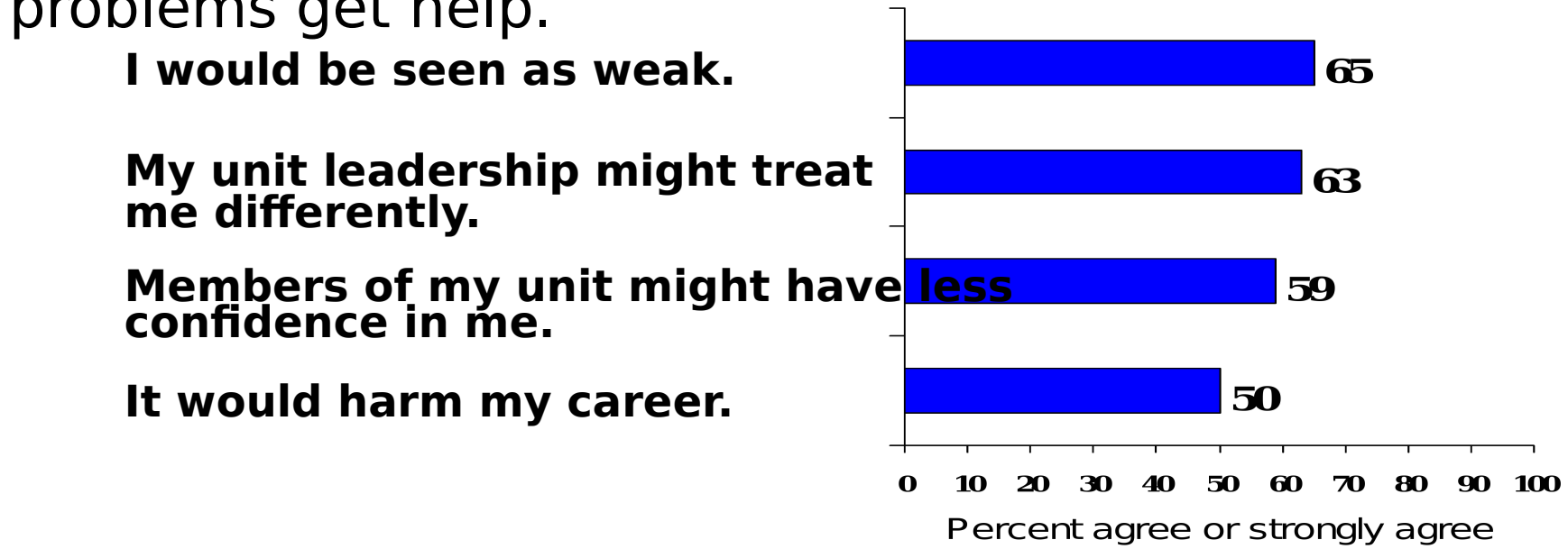
- Combat often leads to mental health effects:
  - 10-20% of Soldiers have PTSD symptoms
  - 20-30% of Soldiers report excessive alcohol use and aggression
  - 20% of Soldiers report marital problems.

Myth #2

If a Soldier has a problem, he/she will get help.

Facts #2

- Soldiers are afraid to admit that they have a mental health problem.
- Only 25-40% of Soldiers with mental health problems get help.


I would be seen as weak.
65
My unit leadership might treat me differently.
63
Members of my unit might have less confidence in me.
59
It would harm my career.
50
0 10 20 30 40 50 60 70 80 90 100
Percent agree or strongly agree

- Despite what Soldiers might believe, leaders support Soldiers getting the help.

Myth #3

A fellow Soldier's mental health problems are none of my business.

Facts #3

- As a Soldier it is your responsibility to help a fellow Soldier who is hurting, either physically or mentally.

- As a Soldier and a leader you must work to ease any fear and shame that a Soldier might feel about seeking mental health support.

- Taking care of your mental health and the mental health of your buddies are important for ensuring combat readiness.

Myth #1

The Army doesn't support Soldiers who have mental health problems.

Facts #4

The Army has established numerous ways for Soldiers and Families to get help for mental health issues:

Unit - Chaplain / Leadership / Buddy

Post - Troop Medical Clinic / Mental/Behavioral Health Services

Other - Off-post Mental Health professional / Army One Source / Military One Source: 1-800-342-9647

Veterans Affairs (VA)

Myth #5

No one can help me if I have a mental health problem.

Facts #5

- Professional treatment helps if you (or buddy):
  - Having strong memories or nightmares
  - Feeling numb or detached
  - Being revved up; trouble sleeping, being irritable and angry, easily startled
  - Having relationship problems

- The earlier Soldiers seek help for a mental health problem, the quicker they will feel better.

- In combat, over 95% of Soldiers who receive forward mental health support are returned to duty

Summary

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- Adapt your **Battlemind** skills to facilitate your transition home. Build on your strengths.

- If you need or want help, get it. Avoid the myths of mental health.

- It takes courage to ask for help and it takes leadership to help a fellow Soldier get help.

THANK YOU!

Please send comments and suggestions for improving this brief to LTC Carl A. Castro (301-319-9174), carl.castro@us.army.mil. Thanks to COL Charles Hoge and the WRAIR Land Combat Study Team for their assistance in the development and validation of this training material, and the VA Puget Sound Deployment Health Clinic (Michele Klevens) for review.